

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	10/20
O.I.P.E. CLASSIFIER		12	
FORMALITY REVIEW	BS	61730	11-27-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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Claim	Final	Original	Date
1	8	26	5
2	1	17	3
3	2	1	1
4	3	2	1
5	4	3	1
6	5	4	1
7	6	5	1
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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